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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	PCT/SE00/00544
Filing Date	3/20/2000
First Named Inventor	Lars Egnell
Title	
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	CISCP727PCT

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer
Number:

54406

OR

☐ Practitioner(s) named below:

Name	Registration Number
	1

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	July 12, 2005
Name	Robert Barr	Telephone	(408) 526-4000
Title and Company	Vice President, Intellectual Property		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.